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GENERAL
BACKGROUND
TREASURY DEPARTMENT

BUREAU OF
THE PUBLIC HEALTH SERVICE
WASHINGTON

OFFICE OF THE SURGEON GENERAL

IN REPLYING
ADDRESS THE SURGEON GENERAL
U. S. PUBLIC HEALTH SERVICE

October 9, 1929.

	11/11	11/14	11/15

Doctor Michael M. Davis,
Director for Medical Services,
Julius Rosenwald Fund,
925 South Haman Avenue,
Chicago, Ill.

Dear Doctor Davis:

I am inclosing herewith a memorandum on cooperation by the Julius Rosenwald Fund with State and local health authorities in the control of venereal diseases among Negroes, that has been worked out by Doctor Farran and myself, and which has the approval of the Surgeon General.

You will observe we have emphasized assistance by the Fund to strengthen the hand of local health organizations in order to insure a permanent policy of venereal disease control; and that the assistance given by the Fund be temporary and on a predetermined gradually descending scale.

You will notice we used the term of venereal disease control, recommending that the activities of the Fund at present be directed specifically to the control of syphilis because of the assurance of more prompt and tangible results, and that the possibility of assistance in the control of gonorrhea be deferred for future consideration.

Naturally you and Mr. Harboe will use your wise discretion in the preparation of a statement for consideration by the Board. In our opinion, the recommendations contained in the memorandum are practical, reasonable, and not unduly expensive to carry into effect.

I have had an informal talk with the Surgeon General and Dr. Farran regarding the possibility of the latter making a study of the Public Health Institute and submitting a report (not for publication). I have a very distinct impression that a request of this character from the new Medical Board, when organized, will receive favorable consideration.

I am inclosing also a copy of my interviews which I trust you will find somewhat helpful. These copies have been delayed by the press of many matters demanding my attention on my return.

Very sincerely yours,


Surgeon General

Encl.

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A MEMORANDUM

FOR COOPERATION BY THE JULIUS ROSENWALD FUND WITH THE
U. S. PUBLIC HEALTH SERVICE, STATE AND LOCAL DEPARTMENTS OF HEALTH
IN THE CONTROL OF VENEREAL DISEASES

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The Problem.

The venereal diseases present one of the most important of the national health problems. The control of these diseases is a comparatively neglected field. Except for temporary war-time activity of the Federal Government, the attack on this problem has been sporadic and uncoordinated, has apparently made but slight impress on the prevalence of these diseases, and indicated the necessity for intensive coordinated action on a community-wide basis.

Studies by the Public Health Service indicate that the rate of cases of the venereal diseases under treatment is higher in those southern States surveyed than in other parts of the country and that this rate is intensified to some extent at least by the extraordinarily high prevalence of these diseases among the negro population.

The medical service for negroes in rural communities for the treatment of venereal disease is inadequate because of: (1) the lack of treatment facilities in these communities; (2) the disinclination of practicing physicians to treat cases of venereal disease in private practice; (3) the unfamiliarity of large numbers of rural physicians with modern methods of treatment and their hesitancy even to give intravenous medication;

(4) the lower economic status of the negro which makes it difficult or impossible to pay the usual medical fees; and (5) the disinclination of the negro to seek medical service for a disease when it presents no, or slight, subjective symptoms..

Methods of Control.

The practical control of syphilis in this country has not been accomplished although in certain foreign countries a great decrease in this disease has occurred as a result of mass treatment of infected individuals. Gonorrhea is more prevalent than syphilis and although case for case is apt to be less severe for the individual, the mass effects approach those of syphilis in impairing the health of the population. It is likely that results in the control of gonorrhea by the use of present knowledge will be less striking than in the control of syphilis. It may be desirable, therefore, to intensify control efforts primarily against syphilis. This can be done with the assurance that a real decline in the prevalence of this disease will result.

From a strictly medical standpoint the control of the venereal diseases centers around the provision of early and adequate treatment of the infected individual. Methods of furnishing treatment to infected persons in urban populations through organized clinics have been adequately demonstrated.

Any method of control which is adopted should be organized by and through established health agencies because of lessened expense and the

assurance of permanency. Health departments will continue to exist as long as there are governments. Existing facilities and trained personnel of health departments frequently will need to be supplemented for temporary periods in order to introduce necessary control measures.

Because of differences in the types of public health, social and economic organization, studies and tests should be made in a number of States of various control measures designed to suit local conditions. As an example of such demonstrations may be cited the projects in Scott and Tunica Counties, Mississippi, and the program recently worked out in conference with State health authorities in Tennessee.

Recommendations.

In view of the indicated extensive prevalence of venereal diseases among negroes, the inadequacy of medical service for negroes in practically all rural areas, the large number of infected persons who fail to continue treatment until cured, and the serious consequences of the venereal diseases to individual health and efficiency, it is recommended:

1. That the Julius Rosenwald Fund cooperate with the Public Health Service, State and local departments of health in the control of the venereal diseases.
2. That this cooperation be directed primarily during the first year (1930) to studies and demonstrations of the most practicable and efficient methods of applying existing knowledge to this problem. These studies and tests should be followed by such wider application of control measures over a period of years as may be deemed advisable.

3. That preference be given to control activities in rural districts with a large negro population.

4. That at the outset the major effort be directed against syphilis because in this disease opportunity is offered to accomplish more prompt results.

5. That the methods to be followed in any State be agreed upon with the State health authorities and the Public Health Service; and that the major interest be the development of more effective medical service to infected individuals as a means of preventing the spread of these diseases and of promoting their cure.

6. That medical service take the form of (a) training of private physicians, white and colored, in the elements of venereal disease treatments; (b) more extensive distribution of antisyphilitic drugs and the promotion of wider use of State diagnostic laboratory facilities; (c) utilization of negro clinicians and nurses to supplement existing personnel in county health departments; (d) cooperation with industrial corporations in providing more effective treatment service for employees; (e) extension of existing clinical service or the establishment of additional clinical service; and (f) other methods which may be developed.

7. That the fund consider the advisability of announcing a policy regarding cooperation which shall make clear that the fund is not to assume responsibility for the control of the venereal diseases in the general popu-

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lation or any group thereof; that the control of these diseases is the function of official health agencies; and that the activities of the fund in this particular field will be limited to developing and popularizing effective methods by temporary assistance to official health agencies.

8. that no control measures be instituted in any community until at least some proportion of the expense thereof is borne locally; that the length of time during which assistance will be given by the fund on a given project be announced, subject to modification as the necessity may arise; and that the expenditures of the Fund in a given community be decreased in accordance with a predetermined scale.

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Estimate of Costs, 1930.

Since no survey has been made as yet of the potential resources of the State and local health departments in which it may be desirable to conduct studies and demonstrations, no estimate can be made of the amount of money which will be available from these sources for such work.

The appropriations of the Public Health Service for venereal disease control activities are very limited. However, it will be expected that an experienced officer will be assigned to full time duty in connection with the proposed demonstrations, should they materialize. Also, an officer of the Service now on duty in Tennessee in connection with the development of the venereal disease control program in that State will devote practically all of his time to these proposed studies and demonstrations. In addition, the Chief of the Division of Venereal Diseases will devote a part of his time to this work.

Expenditures contemplated by the Public Health Service are estimated as follows:

Salary and travel of one officer - - - -	\$8,000.00
Salary of one officer for full time duty in Tennessee - - - - -	<u>\$3,800.00</u>
Total - - - - -	\$11,800.00

There are no additional funds available to enable larger expenditures to be made for teaching purposes at the U. S. Public Health Service Venereal Disease Clinic at Hot Springs, Arkansas. The present

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Estimate of Costs, 1930.

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cost of operating this clinic is approximately \$16,000.00 per annum.

If full advantage is taken of the wonderful opportunity for instruction in practical venereal disease work offered by this clinic, increased expenditures will be necessary to provide for some additional facilities.

It is estimated that, in addition to the expenditures already authorized by the Julius Rosenwald Fund for venereal disease control work in Mississippi and Tennessee, a sum not to exceed \$50,000.00 will be required to carry out the studies and demonstrations recommended in this report during the year ending December 31, 1930.

In explanation it may be stated that it seems desirable to supplement these studies in Tennessee and to inaugurate additional studies and tests in Georgia, Louisiana, North Carolina and Texas, contingent on active participation in these projects by the State and local health authorities. The appropriations which have already been made by the fund for similar studies in Mississippi should be sufficient.